

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740340 (5)

1. Corporation Name

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVERNMENT, INC.



Principal Place of Business

515 LOMAX STREET
JACKSONVILLE FL 32204

Mailing Address

515 LOMAX STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
10/05/1977

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1805614

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP H.
515 LOMAX STREET
JACKSONVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME GILMOUR, KAY E
STREET ADDRESS 3550 UNIVERSITY BLVD SO, STE 302
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE VPD
NAME MORRIS, WALTER, JR.
STREET ADDRESS 1610 BARRS ST.
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

TITLE PCD
NAME LOVEJOY, JOHN F MD
STREET ADDRESS 4203 BELFORT RD, STE. 215
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE TD
NAME GLENN, J E
STREET ADDRESS 1820 BARRS STR, STE 358
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

TITLE MD
NAME SAPOLSKY, JACK L.
STREET ADDRESS 710 LOMAX STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE EDDT
NAME SCHOU, MARK J. CPA
STREET ADDRESS 4496 SOUTHSIDE BLVD., #200
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE VPD
1.2 NAME MAX C. KARRER, MD.
1.3 STREET ADDRESS 3550 UNIVERSITY BLVD. # 301
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

2.1 TITLE SD
2.2 NAME KENNETH V. ATKINS, MD.
2.3 STREET ADDRESS 580 W. 8TH ST. #7005
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME KAY M. MITCHELL, MD.
3.3 STREET ADDRESS 4203 BELFORT RD. #101
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

4.1 TITLE PCD
4.2 NAME J. EUGENE GLENN, M.D.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE MD
5.2 NAME H. JACKSON DOWNEY, M.D.
5.3 STREET ADDRESS 810 LAMB AVE. S.
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32205 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/96 (904) 355-6561

CR2E037 (12/95)